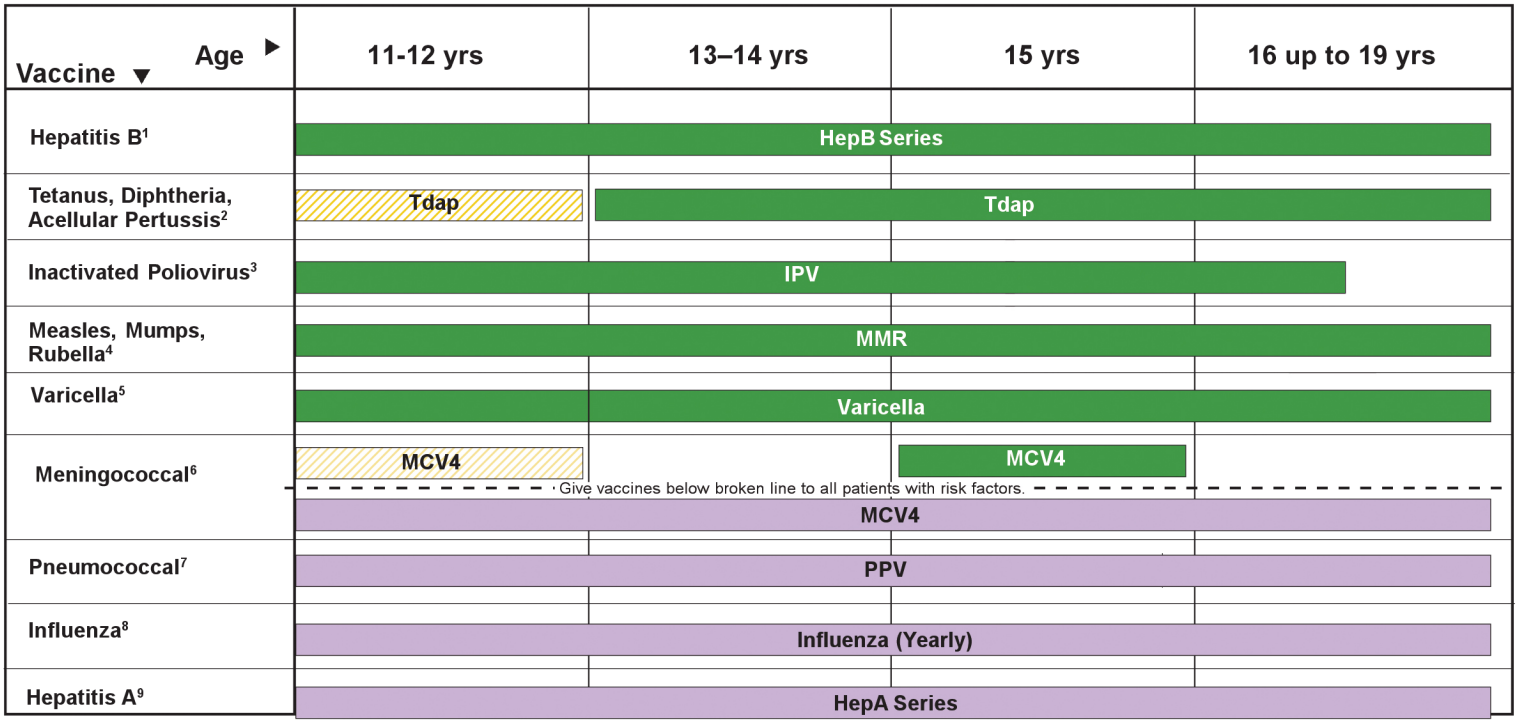
Recommended Adolescent Immunization Schedule

Adapted from the Centers for Disease Control & Prevention Recommended Childhood & Adolescent Immunization Schedule *



Recommended routinely for all adolescents at the ages indicated.

Recommended for adolescents lacking previous vaccination or evidence of protection.

Recommended for adolescents with specific risk factors.

This schedule indicates the recommended ages for routine administration of currently licensed vaccines for adolescents ages11 up to 19 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). All adolescents who have not completed a 3-dose schedule of HepB vaccine should begin (or complete) the series during any visit. The 2nd dose should be given no sooner than 4 weeks from the 1st dose and the 3rd dose no sooner than 8 weeks from the 2nd dose. Overall, there must be at least 4 months between the 1st and 3rd doses (e.g., 0, 1, 4 months; 0, 2, 4 months; or 0, 1, 6 months). If the schedule has been delayed, do not start the series over; continue from where you left off. Alternatively, unvaccinated adolescents 11–15 years of age may be given 2 doses of Recombivax HB 1.0 mL (adult formulation) spaced 4–6 months apart.

2. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). Adolescents 11–12 years of age who have completed the recommended DTP/DTaP vaccination series and have not received a Td booster dose should be given a dose of Tdap. Adolescents 13–18 years who missed the 11–12-year Td/Tdap booster should receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series. A 5-year interval between Td and Tdap is encouraged to reduce the risk of local or systemic reactions. Subsequent **tetanus and diphtheria (Td)** boosters are recommended every 10 years.

3. Inactivated poliovirus vaccine (IPV). Adolescents who previously received a combination of both oral poliovirus vaccine (OPV) and IPV but received fewer than 4 doses should complete the full 4-dose series with IPV. Other adolescents who have not completed an all-IPV schedule should begin (or complete) a series of 3 doses, spaced at least 4 weeks apart. Vaccine is not indicated for persons 18 years of age and older unless they have a risk factor (e.g., pending travel to a country where polio is endemic).

4. Measles, mumps, and rubella vaccine (MMR). Adolescents who have not received at least two doses of MMR should begin (or complete) the 2-dose schedule at any visit; the two doses must be given at least 4 weeks apart.

5. Varicella vaccine. All adolescents who lack a reliable history of chickenpox or previous varicella vaccination should be given varicella vaccine. If younger than 13 years of age, give 1 dose; if 13 years of age or older, give 2 doses at least 4 weeks apart.

6. Meningococcal conjugate vaccine (MCV4). MCV4 is recommended for all children at 11–12 years of age as well as unvaccinated adolescents at 15 years of age. Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. In addition, all college freshmen living in dormitories should be vaccinated, preferably with MCV, although **meningococcal polysaccharide vaccine (MPSV4)** is an acceptable alternative. Vaccination against invasive meningococcal disease is recommended for adolescents with terminal complement component deficiencies or anatomic or functional asplenia and certain other high risk groups (see *MMWR* 2005;54(RR-7):1-21); use MCV4, although MPSV4 is an acceptable alternative.

7. Pneumococcal polysaccharide vaccine (PPV). PPV is recommended for adolescents with certain risk factors (e.g., chronic cardiac or pulmonary disease, chronic liver disease, diabetes mellitus, CSF leaks, candidate for or recipient of cochlear implant) as well as adolescents living in special environments (e.g., Alaska Natives and certain American Indian populations). Give a one-time revaccination to those at highest risk of fatal pneumococcal infection (see *MMWR* 2000;49(RR-9):1-35.).

8. Influenza vaccine. Influenza vaccine is recommended annually for adolescents with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk. All other adolescents wishing to obtain immunity may also be vaccinated. For healthy adolescents, the intranasally administered l**ive, attenuated influenza vaccine (LAIV)** is an acceptable alternative to the intramuscular **trivalent inactivated influenza vaccine (TIV)**.

9. Hepatitis A vaccine (HepA). Hepatitis A vaccine is recommended for adolescents who lack previous vaccination or evidence of prior infection and who live in selected states and regions and for certain high-risk groups (see *MMWR* 1999;48(RR-12):1-37); consult your local public health authority. The 2 doses in the series should be given at least 6 months apart.

* This "Recommended Adolescent Immunization Schedule" was adapted by the Immunization Action Coalition for the Society of Adolescent Medicine and is based on the "Recommended Childhood and Adolescent Immunization Schedule," approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, December 2005.